Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2016 Annual Report

| Delbert Ho | sen | nann |
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| SECRETARY | OF | STATI |



| Name of Candidate Hob Bryan | TM(\$) | 3AI4 3 6 2017 |
|---|--------------------------|---|
| Address P.O. Box 75 | _{County} Monroe | Secretary of State Capitol Office |
| Telephone 662-256-9601 | Fax | |
| Office Sought State Senate, District 7 | Email Address | |
| Check here if above is different from previous January 31, 2017 Annual Report (January 1, 2016 through | ugh December 31, 2016) | |
| Termination Report (Candidate will no longer accept cor Expenditures, has no outstanding debt obligation and zer | | Required to terminate reporting obligations |

IMPORTANT

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS Calendar Itemized + Non-itemized = This Period Year-To-Date Total amount of contributions \$ 9,748.82 +\$ 900.00 \$ 10,648.82 \$ 10,648.82 Total amount of disbursements \$4,055.76 +\$2,873.88 \$6,929.64 \$6,929.64 Total amount of cash on hand \$ 56,548.81 pave examined this rep<u>ort a</u>nd to the <u>best of my</u> knowledge and belief it is true, accurate, and complete. January 30, 2017 Signature of Candidate Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
- 2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
- 3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

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| Name of Candidate or Committee | Hob Bryan |
|----------------------------------|---------------------------|
| Reporting period January 1, 2016 | through December 31, 2016 |

| A. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|--|
| Full name BNSF Railway Company | 8 / 25 / 16 | \$ 250.00 |
| Mailing Address | | |
| 2500 Lou Menk Drive | <u> </u> | \$ |
| City, State, Zip Code | | |
| Fort Worth, Texas 76131 | <u> </u> | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year–to-date | \$ 250.00 |
| B. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt |
| Full name | | this period |
| United Health Group, Inc. | 10 / 4 / 16 | \$ 500.00 |
| Mailing Address | | |
| P.O. Box 1459 | | \$ |
| City, State, Zip Code | | |
| Minneapolis, Minnesota 55440 | | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year–to-date | \$ 500.00 |
| | | |
| C. Source Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) | Date | receipt |
| Other (please specify) Full name Pfizer, Inc. | Date (Mo., Day, Year) | receipt this period \$ 500.00 |
| Other (please specify) | Date (Mo., Day, Year) | receipt this period |
| Other (please specify) Full name Pfizer, Inc. Mailing Address | Date (Mo., Day, Year) | receipt this period \$ 500.00 |
| Other (please specify) Full name Pfizer, Inc. Mailing Address 6730 Lenox Center CT | Date (Mo., Day, Year) | receipt this period \$ 500.00 |
| Other (please specify) Full name Pfizer, Inc. Mailing Address 6730 Lenox Center CT City, State, Zip Code | Date (Mo., Day, Year) | receipt this period \$ 500.00 |
| Other (please specify) Full name Pfizer, Inc. Mailing Address 6730 Lenox Center CT City, State, Zip Code Memphis, Tennessee 38115 | Date (Mo., Day, Year) | receipt this period \$ 500.00 \$ [|
| Other (please specify) Full name Pfizer, Inc. Mailing Address 6730 Lenox Center CT City, State, Zip Code Memphis, Tennessee 38115 Name of Employer (Required) | Date (Mo., Day, Year) 10 / 4 / 16 1 / / / 1 / / Aggregate | receipt this period \$ 500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Other (please specify) Full name Pfizer, Inc. Mailing Address 6730 Lenox Center CT City, State, Zip Code Memphis, Tennessee 38115 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name | Date (Mo., Day, Year) 10 / 4 / 16 10 / 4 / 16 10 / 4 / 16 10 / 10 10 / 10 Aggregate year-to-date Date (Mo., Day, Year) | receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period |
| Other (please specify) Full name Pfizer, Inc. Mailing Address 6730 Lenox Center CT City, State, Zip Code Memphis, Tennessee 38115 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Anheuser Busch Companies | Date (Mo., Day, Year) 10 / 4 / 16 10 / 4 / 16 10 / 4 / 16 10 / 10 10 / | receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt |
| Other (please specify) Full name Pfizer, Inc. Mailing Address 6730 Lenox Center CT City, State, Zip Code Memphis, Tennessee 38115 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Anheuser Busch Companies Mailing Address One Busch Place | Date (Mo., Day, Year) 10 / 4 / 16 10 / 4 / 16 10 / 4 / 16 10 / 10 10 / 10 Aggregate year-to-date Date (Mo., Day, Year) | receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period |
| Other (please specify) Full name Pfizer, Inc. Mailing Address 6730 Lenox Center CT City, State, Zip Code Memphis, Tennessee 38115 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Anheuser Busch Companies Mailing Address | Date (Mo., Day, Year) 10 / 4 / 16 10 / 4 / 16 10 / 4 / 16 10 / 10 10 / 10 Aggregate year-to-date Date (Mo., Day, Year) | receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00 |
| Other (please specify) Full name Pfizer, Inc. Mailing Address 6730 Lenox Center CT City, State, Zip Code Memphis, Tennessee 38115 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Anheuser Busch Companies Mailing Address One Busch Place City, State, Zip Code | Date (Mo., Day, Year) 10 / 4 / 16 10 / 4 / 16 10 / 4 / 16 10 / 10 10 / 10 Aggregate year-to-date Date (Mo., Day, Year) | receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00 \$ 500.00 |

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| Name of Candidate or Committee | Hob Bryan | in raman kalanga dinama dinanga kapanga mananga kabulan dinak | |
|----------------------------------|-----------|---|-------------------|
| Reporting period January 1, 2016 | | through | December 31, 2016 |

| A. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|---|
| Full name KCS Rail PAC | 10 / 26 / 16 | \$ 250.00 |
| Mailing Address | | |
| Box 219335 | / / | \$ |
| City, State, Zip Code | , <u> </u> | ¢ [|
| Kansas City, Missouri 64121 | | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year–to-date | \$ 250.00 |
| B. Source: Corporation PAC Individual Loan | Date | Amount of each receipt |
| Other (please specify) | (Mo., Day, Year) | this period |
| Full name | 10 / 26 / 16 | |
| Centene Corporation PAC | 10 / 10 | \$ 2000.00 |
| Mailing Address | | \$ |
| 7700 Forsyth Boulevard | <u></u> | Ψ |
| City, State, Zip Code | | \$ |
| St. Louis, Missouri 63105 | · · · · · · · · · · · · · · · · · · · | Ψ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate | \$ 2000.00 |
| | year-to-date | , 12000.00 |
| C. Source Corporation PAC Individual Loan Other (please specify) | year–to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) Full name Comprehensive Health Management Inc. | Date | Amount of each receipt |
| Other (please specify) Full name Comprehensive Health Management Inc. Mailing Address | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) Full name Comprehensive Health Management Inc. Mailing Address P.O. Box 31390 | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) Full name Comprehensive Health Management Inc. Mailing Address P.O. Box 31390 City, State, Zip Code | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) Full name Comprehensive Health Management Inc. Mailing Address P.O. Box 31390 City, State, Zip Code Fampa, Florida 33631 | Date (Mo., Day, Year) | Amount of each receipt this period \$ 500.00 |
| Other (please specify) Full name Comprehensive Health Management Inc. Mailing Address P.O. Box 31390 City, State, Zip Code | Date (Mo., Day, Year) | Amount of each receipt this period \$ 500.00 |
| Other (please specify) Full name Comprehensive Health Management Inc. Mailing Address P.O. Box 31390 City, State, Zip Code Fampa, Florida 33631 Name of Employer (Required) | Date (Mo., Day, Year) | Amount of each receipt this period \$ 500.00 |
| Other (please specify) Full name Comprehensive Health Management Inc. Mailing Address P.O. Box 31390 City, State, Zip Code Fampa, Florida 33631 Name of Employer (Required) Decupation (Required) D. Source: V Corporation PAC Individual Loan | Date (Mo., Day, Year) 11 / 21 / 16 1 / / / Aggregate | Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt |
| Other (please specify) Full name Comprehensive Health Management Inc. Mailing Address 2.0. Box 31390 City, State, Zip Code Fampa, Florida 33631 Name of Employer (Required) Occupation (Required) O. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) 11 / 21 / 16 1 / 1 Aggregate year-to-date (Mo., Day, Year) | Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each |
| Other (please specify) Full name Comprehensive Health Management Inc. Mailing Address P.O. Box 31390 City, State, Zip Code Fampa, Florida 33631 Name of Employer (Required) Decupation (Required) D. Source: V Corporation PAC Individual Loan | Date (Mo., Day, Year) 11 / 21 / 16 1 / / / Aggregate year-to-date Date | Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt |
| Other (please specify) Full name Comprehensive Health Management Inc. Mailing Address 2.0. Box 31390 City, State, Zip Code Fampa, Florida 33631 Name of Employer (Required) Occupation (Required) O. Source: Corporation PAC Individual Loan Other (please specify) Full name Fakeda Pharmaceuticals USA, Inc. Mailing Address | Date (Mo., Day, Year) 11 / 21 / 16 1 / 1 Aggregate year-to-date (Mo., Day, Year) | Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00 |
| Other (please specify) Full name Comprehensive Health Management Inc. Mailing Address 2.0. Box 31390 City, State, Zip Code Fampa, Florida 33631 Name of Employer (Required) Occupation (Required) O. Source: Corporation PAC Individual Loan Other (please specify) Full name Fakeda Pharmaceuticals USA, Inc. Mailing Address One Takeda Parkway | Date (Mo., Day, Year) 11 / 21 / 16 1 / 1 Aggregate year-to-date (Mo., Day, Year) | Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period |
| Other (please specify) Full name Comprehensive Health Management Inc. Mailing Address P.O. Box 31390 City, State, Zip Code Fampa, Florida 33631 Name of Employer (Required) Decupation (Required) O. Source: Corporation PAC Individual Loan Other (please specify) Full name Fakeda Pharmaceuticals USA, Inc. Mailing Address One Takeda Parkway City, State, Zip Code | Date (Mo., Day, Year) 11 / 21 / 16 1 / 1 Aggregate year-to-date (Mo., Day, Year) | Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00 |
| Other (please specify) Full name Comprehensive Health Management Inc. Mailing Address 2.0. Box 31390 City, State, Zip Code Fampa, Florida 33631 Name of Employer (Required) Occupation (Required) O. Source: Corporation PAC Individual Loan Other (please specify) Full name Fakeda Pharmaceuticals USA, Inc. Mailing Address | Date (Mo., Day, Year) 11 / 21 / 16 1 / 1 Aggregate year-to-date (Mo., Day, Year) | Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00 |

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| Name of Candidate or Committee | Hob Bryan | | |
|----------------------------------|-----------|---------|-------------------|
| Reporting period January 1, 2016 | | through | December 31, 2016 |

| A. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---|--|
| Full name Mississippi Association for Home Care State PAC | 12 / 12 / 16 | \$ 250.00 |
| Mailing Address | | |
| 134 Fairmont Street, Suite B | // | \$ |
| City, State, Zip Code | | \$ |
| Clinton, Mississippi 39056 | · · · · · · · · · · · · · · · · · · · | 4 |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year–to-date | \$ 250.00 |
| B. Source: Corporation PAC Individual Loan | Date | Amount of each receipt |
| Other (please specify) | (Mo., Day, Year) | this period |
| Full name | 12 / 12 / 16 | \$ 2000.00 |
| Mississippi Health Care Association PAC, LLC | 1 | \$ 2000.00 |
| Mailing Address | | \$ [|
| 1076 Highland Colony Parkway, Suite 125 | · · · · · · · · · · · · · · · · · · · | |
| City, State, Zip Code | | \$ |
| Ridgeland, Mississippi 39157 | <u>'' </u> | Ψ |
| Name of Employer (Required) | | \$ [|
| Occupation (Required) | Aggregate year–to-date | \$ 2000.00 |
| | | |
| C. Source V Corporation PAC Individual Loan | you. to unit | Amount of each |
| C. Source Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| AND THE RESIDENCE OF THE PROPERTY OF THE PROPE | Date (Mo., Day, Year) | receipt this period |
| Other (please specify) Full name Pharma | Date | receipt |
| Other (please specify) Full name Pharma Mailing Address | Date (Mo., Day, Year) | receipt this period \$ 500.00 |
| Other (please specify) Full name Pharma Mailing Address 830 North Street, Suite B | Date (Mo., Day, Year) | receipt this period |
| Other (please specify) Full name Pharma Mailing Address 830 North Street, Suite B City, State, Zip Code | Date (Mo., Day, Year) | receipt this period \$ 500.00 |
| Other (please specify) Full name Pharma Mailing Address 830 North Street, Suite B City, State, Zip Code Baton Rouge, Louisiana 70802 | Date (Mo., Day, Year) | receipt this period \$ 500.00 |
| Other (please specify) Full name Pharma Mailing Address 830 North Street, Suite B City, State, Zip Code | Date (Mo., Day, Year) | receipt this period \$ 500.00 |
| Other (please specify) Full name Pharma Mailing Address 830 North Street, Suite B City, State, Zip Code Baton Rouge, Louisiana 70802 | Date (Mo., Day, Year) | receipt this period \$ 500.00 |
| Other (please specify) Full name Pharma Mailing Address 830 North Street, Suite B City, State, Zip Code Baton Rouge, Louisiana 70802 Name of Employer (Required) | Date (Mo., Day, Year) 12 / 12 / 16 1 / / / Aggregate year-to-date Date | receipt this period \$ 500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Other (please specify) Full name Pharma Mailing Address 830 North Street, Suite B City, State, Zip Code Baton Rouge, Louisiana 70802 Name of Employer (Required) Occupation (Required) | Date (Mo., Day, Year) 12 / 12 / 16 1 / / / Aggregate year-to-date | receipt this period \$ 500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Other (please specify) Full name Pharma Mailing Address 830 North Street, Suite B City, State, Zip Code Baton Rouge, Louisiana 70802 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name | Date (Mo., Day, Year) 12 / 12 / 16 1 / / / Aggregate year-to-date Date (Mo., Day, Year) | receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period |
| Other (please specify) Full name Pharma Mailing Address 830 North Street, Suite B City, State, Zip Code Baton Rouge, Louisiana 70802 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Amerigroup Corporation | Date (Mo., Day, Year) 12 / 12 / 16 1 / / / Aggregate year-to-date Date | receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt |
| Other (please specify) Full name Pharma Mailing Address 830 North Street, Suite B City, State, Zip Code Baton Rouge, Louisiana 70802 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name | Date (Mo., Day, Year) 12 / 12 / 16 1 / / / Aggregate year-to-date Date (Mo., Day, Year) | receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period |
| Other (please specify) Full name Pharma Mailing Address 830 North Street, Suite B City, State, Zip Code Baton Rouge, Louisiana 70802 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Amerigroup Corporation Mailing Address P.O. Box 68086 City, State, Zip Code | Date (Mo., Day, Year) 12 / 12 / 16 1 / / / Aggregate year-to-date Date (Mo., Day, Year) | receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00 \$ 500.00 |
| Other (please specify) Full name Pharma Mailing Address 830 North Street, Suite B City, State, Zip Code Baton Rouge, Louisiana 70802 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Amerigroup Corporation Mailing Address P.O. Box 68086 City, State, Zip Code Deerfield, Illinois 60015 | Date (Mo., Day, Year) 12 / 12 / 16 1 / / / Aggregate year-to-date Date (Mo., Day, Year) | receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00 |
| Other (please specify) Full name Pharma Mailing Address 830 North Street, Suite B City, State, Zip Code Baton Rouge, Louisiana 70802 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Amerigroup Corporation Mailing Address | Date (Mo., Day, Year) 12 / 12 / 16 1 / / / Aggregate year-to-date Date (Mo., Day, Year) | receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00 \$ 500.00 |
| Other (please specify) Full name Pharma Mailing Address 830 North Street, Suite B City, State, Zip Code Baton Rouge, Louisiana 70802 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Amerigroup Corporation Mailing Address P.O. Box 68086 City, State, Zip Code Deerfield, Illinois 60015 | Date (Mo., Day, Year) 12 / 12 / 16 1 / / / Aggregate year-to-date Date (Mo., Day, Year) | receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00 \$ 500.00 |

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| Name of Candidate or Committee | Hob Bryan | |
|----------------------------------|---------------------------|--|
| Reporting period January 1, 2016 | through December 31, 2016 | |

| A. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|---|
| Full name Comcast Corporation | 12 / 19 / 16 | \$ 500.00 |
| Mailing Address | AND ADDRESS OF THE PERSONS | 6 |
| One Comcast Center, 1701 JFK Boulevard | / / | \$ |
| City, State, Zip Code | | e l |
| Philadelphia, Pennsylvania 19103 | <u> </u> | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year–to-date | \$ 500.00 |
| B. Source: ┌─ Corporation ┌╱ PAC ┌── Individual ┌── Loan | Dete | Amount of each |
| Other (please specify) | Date (Mo., Day, Year) | receipt this period |
| Full name | 12 / 21 / 16 | \$ 500,00 |
| Baker Donelson Bearman Caldwell & Berkowitz PAC | 1 | \$ 500.00 |
| Mailing Address | | \$ [|
| 4268 I-55 North, Meadowbrook Office Park | ' ' | Ψ |
| City, State, Zip Code | | \$ |
| Jackson, Mississippi 39211 | ' / ' / ' | Ψ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year–to-date | \$ 500.00 |
| C. Source Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| , | | tins period |
| Full name | 12 / 30 / 16 | - |
| Full name Monsanto Company | 12 / 30 / 16 | \$ 250.00 |
| Full name Monsanto Company Mailing Address | 12 / 30 / 16 | - |
| Full name Monsanto Company Mailing Address 800 North Lindbergh | 12 / 30 / 16 | \$ 250.00 |
| Full name Monsanto Company Mailing Address 800 North Lindbergh City, State, Zip Code Creve Coeur, Missouri 63167 | 12 / 30 / 16 | \$ 250.00 |
| Full name Monsanto Company Mailing Address 800 North Lindbergh City, State, Zip Code | 12 / 30 / 16 | \$ 250.00 |
| Full name Monsanto Company Mailing Address 800 North Lindbergh City, State, Zip Code Creve Coeur, Missouri 63167 Name of Employer (Required) Occupation (Required) | 12 / 30 / 16 / / / / / / / Aggregate year-to-date | \$ [250.00 \$ [|
| Full name Monsanto Company Mailing Address 800 North Lindbergh City, State, Zip Code Creve Coeur, Missouri 63167 Name of Employer (Required) | // | \$ [250.00 \$ [\$ [|
| Monsanto Company Mailing Address 800 North Lindbergh City, State, Zip Code Creve Coeur, Missouri 63167 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual V Loan Other (please specify) | Aggregate year-to-date Date (Mo., Day, Year) | \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Monsanto Company Mailing Address 800 North Lindbergh City, State, Zip Code Creve Coeur, Missouri 63167 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual V Loan Other (please specify) Full name Hob Bryan | / / / / / / / / / / / / / / / / / / / | \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Monsanto Company Mailing Address 800 North Lindbergh City, State, Zip Code Creve Coeur, Missouri 63167 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Hob Bryan Mailing Address P.O. Box 75 | Aggregate year-to-date Date (Mo., Day, Year) | \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Monsanto Company Mailing Address 800 North Lindbergh City, State, Zip Code Creve Coeur, Missouri 63167 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Hob Bryan Mailing Address P.O. Box 75 City, State, Zip Code | / / / / / / / / / / / / / / / / / / / | \$ 250.00 |
| Monsanto Company Mailing Address 800 North Lindbergh City, State, Zip Code Creve Coeur, Missouri 63167 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Hob Bryan Mailing Address P.O. Box 75 City, State, Zip Code Amory, Mississippi 38821 | / / / / / / / / / / / / / / / / / / / | \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Monsanto Company Mailing Address 800 North Lindbergh City, State, Zip Code Creve Coeur, Missouri 63167 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Hob Bryan Mailing Address P.O. Box 75 City, State, Zip Code | / / / / / / / / / / / / / / / / / / / | \$ 250.00 |
| Monsanto Company Mailing Address 800 North Lindbergh City, State, Zip Code Creve Coeur, Missouri 63167 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Hob Bryan Mailing Address P.O. Box 75 City, State, Zip Code Amory, Mississippi 38821 Name of Employer (Required) | / / / / / / / / / / / / / / / / / / / | \$ 250.00 \$ |

Reporting period January 1, 2016

through December 31,2016

ITEMIZED DISBURSEMENTS

| A. Full name | Date | Amount of each |
|------------------------------------|---|---|
| Wright Rentals | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | - |
| 60003 Brookside Drive | 1 / 23 / 16 | \$ 547.51 |
| City, State, Zip Code | | |
| Amory, Mississippi 38821 | | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 547.51 |
| B. Full name | | |
| Mid South Fine Printers | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | (, 24),, | are are emergened |
| 111 South Main Street | 1 / 23 / 16 | \$ 508.25 |
| City, State, Zip Code | | |
| Amory, Mississippi 38821 | // | \$ |
| Purpose of Disbursement (Optional) | | |
| Turpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 508.25 |
| C. Full name | Date | Amount of each |
| C. D. Consulting | (Mo., Day, Year) | disbursement this period |
| Mailing Address | 1 /23 / 16 | \$ 3000.00 |
| P.O. Box 602 | $\frac{1}{1} / \frac{23}{16} / \frac{16}{16}$ | \$ 3000.00 |
| City, State, Zip Code | , , | \$ |
| Amory, Mississippi 38821 | / | 3 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 3000.00 |
| D. Full name | Date | Amount of each |
| | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | \$ |
| City, State, Zip Code | | |
| City, State, 21p Code | // | \$ |
| Purpose of Disbursement (Optional) | | |
| Fulpose of Dispursement (Optional) | Aggregate Year-to-date | \$ |
| E Full name | | |
| E. Full name | Date | Amount of each |
| NA UV. A A A I | (Mo., Day, Year) | disbursement this period |
| Mailing Address | // | \$ |
| City, State, Zip Code | | \$ |
| | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | \$ |
| City, State, Zip Code | 1 1 | \$ |
| | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |